



## TACTICAL RESPONSE REPORT/Chicago Police Department

|   |  |                         |  |   |   |                                |  |                              |   |  |   |  |
|---|--|-------------------------|--|---|---|--------------------------------|--|------------------------------|---|--|---|--|
| 1. DATE OF INCIDENT<br><b>11-MAR-2016</b>         |  | TIME<br><b>01:56:00</b> |  | 2. ADDRESS OF OCCURRENCE<br><b>1649 W DIVISION ST CHICAGO, IL 60622</b> |   | 3. LOCATION CODE<br><b>303</b> |  | 4. BEAT/OCCUR<br><b>1213</b> |   | 4a. VIDEO RECORDED INCIDENT<br><input type="checkbox"/> 01 BW <input type="checkbox"/> 02 IN-CAR CAMER<br><input type="checkbox"/> 03 OTHER REPT VIDEO |   |  |
| MEMBER INVOLVED                                   | 5. POSITION<br><b>9161</b>   |                         | 6. LAST NAME<br><b>CHRBOT</b>  |   | 7. FIRST NAME<br><b>NICHOLAS M</b>  |                                | 8. STAR NO.<br><b>12748</b>  |                              | 9. SEX<br><input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F          |  | 10. RACE CODE<br><b>WHI</b>                               |  |
|   | 11. AGE<br><b>510</b>  |                         | 12. HT.<br><b>205</b>  |   | 13. WT.<br><b>205</b>   |                                | 14. DATE OF APPT<br><b>01-MAY-2013</b>   |                              | 15. EMPLOYEE NO<br><b>014</b>   |  | 16. UNIT & BEAT OF ASSIGNMENT<br><b>1424R</b>             |  |
| SUBJECT INFORMATION                               | 17. DUTY STATUS<br><input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off   |                         | 18. MEMBER INJURED?<br><input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No   |   | 19. MEMBER IN UNIFORM?<br><input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No |                                | 20. LAST NAME<br><b>MEDERICH</b>   |                              | 21. FIRST NAME<br><b>JOHN</b>   |  | 22. MJ<br><b>MARK</b>                                     |  |
|   | 23. SEX<br><input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F  |                         | 24. RAGE<br><b>WHI</b>   |   | 25. D.O.B.<br><b>27-OCT-1994</b>  |                                | 26. HT.<br><b>504</b>  |                              | 27. WT.<br><b>120</b>   |  | 28. ADDRESS<br><b>2815 W PRATT BLVD CHICAGO, IL 60645</b> |  |
| REASON FOR USE OF FORCE<br>(Check all that apply) | 29. TELEPHONE NO.<br><b>(827) 230-1669</b>   |                         | 30. WAS SUBJECT ARMED?<br><input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No  |   | 31. SUBJECT INJURED?<br><input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No   |                                | 32. SUBJECT ALLEGED INJURY?<br><input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No |                              | 33. WHERE WAS MEDICAL TREATMENT OBTAINED?<br><b>NORWEGIAN-AMERICAN HOSPITAL</b>           |  | 34. BY WHOM?<br><b>DR. CAMBRY</b>                         |  |
|   | 35. CONDITION<br><input checked="" type="checkbox"/> 01 Apparently Normal <input checked="" type="checkbox"/> 02 Under Influence <input checked="" type="checkbox"/> 03 Hospitalized<br><input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid |                         | 36. CHARGES PLACED<br><b>720 ILCS 5.0/31-1-A, 8-4-030, 720 ILCS 5.0/12-3-A-2</b>   |   | 37. CS NO<br><b>19277773</b>  |                                | 38. JR NO.<br><b>19277773</b>  |                              | 39. DNA<br><input type="checkbox"/> DNA   |  | 40. DNA<br><input type="checkbox"/> DNA                   |  |
| SUBJECT'S ACTIONS                                 | PASSIVE RESISTER   |                         | ACTIVE RESISTER  |   | ASSAILANT ASSAULT   |                                | ASSAILANT BATTERY  |                              | ASSAILANT DEADLY FORCE  |  | SUBJECT'S ACTIONS   |  |
|   | DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>  |                         | FLED <input type="checkbox"/>  |   | IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/>                                      |                                | ATTACK WITH WEAPON <input checked="" type="checkbox"/>   |                              | USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/> |  | STIFFENED (DEAD WEIGHT) <input type="checkbox"/>          |  |
| MEMBER'S RESPONSE                                 | OTHER <input type="checkbox"/>   |                         | PULLED AWAY <input type="checkbox"/>   |   | OTHER GRABBED MEMBER'S WR <input type="checkbox"/>  |                                | OTHER HANDS <input type="checkbox"/>   |                              | OTHER <input type="checkbox"/>  |  | OTHER <input type="checkbox"/>                            |  |
|   | OTHER <input type="checkbox"/>   |                         | OTHER TURNED TOWARDS MEM <input type="checkbox"/>  |   | PERCEIVED AS <input type="checkbox"/>   |                                | PERCEIVED AS <input type="checkbox"/>  |                              | PERCEIVED AS <input type="checkbox"/>   |  | PERCEIVED AS <input type="checkbox"/>                     |  |
| WEAPON DISCHARGE INCIDENT                         | MEMBER PRESENCE <input type="checkbox"/>   |                         | OPEN HAND STRIKE <input type="checkbox"/>  |   | ELBOW STRIKE <input type="checkbox"/>   |                                | KNEE STRIKE <input type="checkbox"/>   |                              | FIREARM <input type="checkbox"/>  |  | MEMBER'S RESPONSE   |  |
|   | VERBAL COMMANDS <input checked="" type="checkbox"/>  |                         | TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/>  |   | CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>   |                                | KICKS <input type="checkbox"/>   |                              | OTHER <input type="checkbox"/>  |  | OTHER <input type="checkbox"/>                            |  |
| WEAPON DISCHARGE INCIDENT                         | ESCORT HOLDS <input type="checkbox"/>  |                         | OC CHEMICAL WEAPON <input type="checkbox"/>  |   | IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>   |                                | IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>  |                              | OTHER <input type="checkbox"/>  |  | OTHER <input type="checkbox"/>                            |  |
|   | WRISTLOCK <input type="checkbox"/>   |                         | CANINE <input type="checkbox"/>  |   | OTHER <input type="checkbox"/>  |                                | OTHER <input type="checkbox"/>   |                              | OTHER <input type="checkbox"/>  |  | OTHER <input type="checkbox"/>                            |  |
| WEAPON DISCHARGE INCIDENT                         | ARMBAR <input type="checkbox"/>  |                         | TASER (Probe Discharge) <input type="checkbox"/>   |   | TASER (Contact Stun) <input type="checkbox"/>   |                                | TASER (ARC Cycle) <input type="checkbox"/>   |                              | TASER (Spark Displayed) <input type="checkbox"/>  |  | OTHER <input type="checkbox"/>                            |  |
|   | PRESSURE SENSITIVE AREA <input type="checkbox"/>   |                         | TASER (01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 <input type="checkbox"/> 21 <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30 <input type="checkbox"/> 31 <input type="checkbox"/> 32 <input type="checkbox"/> 33 <input 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|                         |   |                         |  |  |                      |                     |                         |
|-------------------------|---|-------------------------|--|--|----------------------|---------------------|-------------------------|
| <b>CASE INFORMATION</b> | NOTIFICATIONS (ALL INCIDENTS): <input type="checkbox"/> IMMEDIATE SUPERVISOR <input type="checkbox"/> DSS OF DISTRICT OF OCCURRENCE<br>NOTIFICATIONS (TASER, OC SPRAY, OTHER CHEMICAL WEAPONS INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> CPIC<br>NOTIFICATIONS (USE OF DEADLY FORCE, FIREARM, IMPACT MUNITIONS, LRAD, CANINE INCIDENT): <input type="checkbox"/> OEMC<br>Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report. |                         |  | <b>1607100833</b>  | <b>70. EVENT NO.</b> |                     |                         |
|                         | 40. ADDITIONAL INFORMATION  |                         |  |  |                      |                     |                         |
| <b>SIGNATURES</b>       | 73. REPORTING MEMBER (Print Name)<br><b>CHLABOT, NICHOLAS M</b><br><b>11-MAR-2016 04:34:10</b>  |                         | STAR/EMPLOYEE NO.<br><b>12748</b>  | SIGNATURE<br> | <b>HZ182692</b>      | <b>71. R.D. NO.</b> |                         |
|                         | Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.  |                         |  |  |                      |                     |                         |
|                         | 74. REVIEWING SUPERVISOR (Print Name)<br><b>FOX, DAVID A</b>  | STAR NO.<br><b>1654</b> | SIGNATURE<br> | DATE REVIEWED<br><b>11-MAR-2016 04:36:20</b>   |                      |                     | TIME<br><b>04:36:20</b> |

Additional discharged weapons:

## LIEUTENANT OR ABOVE/INCIDENT COMMANDER REVIEW

FOR REPORTABLE USE OF FORCE INCIDENTS, THE FOLLOWING RANKED SUPERVISOR WILL BE RESPONSIBLE FOR REVIEWING AND APPROVAL OF ALL TRRS FROM THE SAME INCIDENT: 1. THE EXEMPT LEVEL INCIDENT COMMANDER WILL REVIEW AND APPROVE THE FOLLOWING TYPES OF INCIDENTS: (A) THE DISCHARGE OF IMPACT MUNITIONS OR A FIREARM BY A DEPARTMENT MEMBER, EXCLUDING UNINTENTIONAL DISCHARGES WITH NO INJURY AND DISCHARGES TO DESTROY AN ANIMAL. (B) A MEMBER'S USE OF FORCE, BY WHATEVER MEANS, THAT RESULTS IN THE DEATH OR INJURIES LIKELY TO CAUSE OF DEATH OF ANY INDIVIDUAL. (C) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT IN WHICH ANOTHER MEMBER USED FORCE AS STATED ABOVE. 2. THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF CAPTAIN OR ABOVE WILL REVIEW AND APPROVE TRRS FOR THE FOLLOWING INCIDENTS: (A) THE DESTRUCTION OF AN ANIMAL WITH NO HUMAN INJURY. (B) AN ACCIDENTAL WEAPONS DISCHARGE WITH NO INJURY. (C) ANY INCIDENT NORMALLY INVESTIGATED BY A LIEUTENANT WHERE A LIEUTENANT IN THE DISTRICT OF OCCURRENCE IS NOT AVAILABLE. 3. THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF LIEUTENANT WILL INVESTIGATE ALL OTHER INCIDENTS.

### 75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☐ INTERVIEW NOT CONDUCTED (Specify Reason)

R/Lt. interviewed the subject in the (Former) Gang Office Interview room, in the 014th District. The Subject stated, in essence, not verbatim, that the Officers were professional, and explained why they stopped him. The subject stated that he turned towards the Officers and stated, "Black Lives Matter!" At that point, one of the Officers approached and threw him to the ground. The subject complained of discomfort to his right arm. R/Lt. ensured that medical attention was provided to subject. CFD arrived in the 014th District Gang Office and transported the complainant to the Hospital. R/Lt. ceased interviewing the subject, so as not to delay medical treatment.

### 76. LIEUTENANT OR ABOVE/INCIDENT COMMANDER COMMENTS

After reviewing the information available to me at this time regarding this incident, I have concluded that the subject was an assailant; his actions were aggressively offensive toward the involved Department member, by turning towards the Officer and grabbing the Officer's wrist. The involved Department member's responses, including take down and emergency handcuffing, to control and subdue the subject were in compliance with Department policy and procedure regarding the appropriate use of force.

### 77. LIEUTENANT OR ABOVE/INCIDENT COMMANDER USE ONLY

☒ I HAVE REVIEWED THIS TRR AND COMPLIED WITH THE DUTIES OUTLINED IN §63-02-05.

### 78. LIEUTENANT OR ABOVE/INCIDENT COMMANDER DETERMINATION

☐ I HAVE CONCLUDED THIS INVESTIGATION FALLS UNDER THE INVESTIGATION AUTHORITY OF THE INDEPENDENT POLICE REVIEW AUTHORITY (IPRA).

☐ LOG NO. \_\_\_\_\_ OBTAINED

BASED ON THE INFORMATION THAT I HAVE REVIEWED, I HAVE CONCLUDED THAT THE MEMBER'S USE OF FORCE RE

☐ IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES.

☐ NOT IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES.

### 79. LIEUTENANT OR ABOVE/INCIDENT COMMANDER (Print Name)

GIAMBRONE, JOSEPH W

### 80.

TRR \_\_\_\_\_ OF \_\_\_\_\_ TRR(S)

### 81. TOTAL TRR's THIS EVENT No.

1

### SIGNATURE

[Signature]

### DATE COMPLETED TIME

11-MAR-2016 04:52:44